

NARRATIVE AND PSYCHOTHERAPY

Narrative and psychotherapy: Introduction to the special section

MIGUEL M. GONÇALVES¹ & WILLIAM B. STILES²

¹*University of Minho, School of Psychology, Braga, Portugal* & ²*Miami University, Department of Psychology, Oxford, Ohio, USA*

(Received 7 October 2010; accepted 18 October 2010)

Polkinghorne (2004) described narrative as “the form that displays life as a temporal unfolding” (p. 54). In psychotherapy, clients display and make meaning of their lives through the stories they tell and retell to their therapists. Through this telling and retelling, they change their lives. Somehow, they transform true stories of problems into true stories of adaptation and meaningfulness. Psychotherapy, from this perspective, is not only about symptom reduction, but also about meaning transformation. This special section reports six investigations of how the transformation is accomplished.

Basic research, like that conducted by Pennebaker (1993) and McAdams (see Baerger and McAdams, 1999) suggests ways that narrative transformation might contribute to life adjustment. Pennebaker showed how the activity of writing on meaningful topics can produce gains in mental and physical health. Baerger and McAdams showed how narrative coherence is associated with psychological well-being, the converse of what therapists know well from their practice: that most of clients begin therapy with a fragmented notion of themselves and have difficulties integrating disparate experiences into a coherent whole.

Narrative perspectives have had increasing influence on practice and research in psychotherapy. Handbooks (e.g., Angus & McLeod, 2004; Lieblich, McAdams, & Josselson, 2004) and special sections in journals (e.g., Dimaggio, 2006; Machado & Gonçalves, 1999) document this growing interest in narrative as a tool for therapists and for researchers. We hope that this special section conveys the vitality of narrative research in psychotherapy and

shows how narrative theory, research, and practice are currently enhancing each other.

An increasing number of research groups are using narrative as a methodological tool (see Angus & McLeod, 2004). For example, the Narrative Process Coding System has been used to investigate how different modes of narrative production (internalizing, externalizing and reflexive) evolve through therapy and how they are related to emotional processes (e.g., Angus, Levitt, & Hardtke, 1999). The Core Conflictual Relationship Themes has been used to analyze narratives that reveal, from a psychodynamic perspective, how clients’ conscious and unconscious relational patterns shape (and may damage) their interactions with others (e.g., Luborsky & Crits-Christoph, 1990; Wilczek, Weinryb, Barber, Gustavsson, & Åsberg, 2000, 2004). The Assimilation of Problematic Experiences Scale has been used to show how voices that were dissociated from the self generate suffering and how they can be integrated (assimilated) during successful psychotherapeutic treatment through narratives (e.g., Osatuke et al., 2004; Stiles, Honos-Webb, & Lani, 1999). The Metacognition Assessment Scale and associated tools have been used to distinguish forms of narrative disruption associated with psychopathology and how these disruptions are repaired during psychotherapy of personality disorders (Dimaggio & Semerari, 2006; Semerari et al., 2003). The Personal Positions Repertoire has been used to investigate how the relationship between I-positions can be used to characterize transformations in self-narratives, inside and outside of psychotherapy (Hermans & Hermans-Jansen, 2004). The Innovative Moments Coding System has been

Correspondence concerning this article should be addressed to Miguel M. Gonçalves, University of Minho, School of Psychology, School of Psychology, University of Minho, Braga, 4710 Portugal. Email: mgoncalves@psi.uminho.pt

used to show how narrative novelties (innovative moments) emerge in psychotherapy and how these novelties contribute to transformation in self-narratives across treatment (e.g., Gonçalves, Matos, & Santos, 2009). This special section is the result of inviting some of these researchers to share their latest work. We offer a brief summary of each contribution.

Vromans and Schweitzer (2011) report the first systematic clinical trial of the narrative therapy proposed by White and Epston (1990; White, 2007) in a sample of clients with major depression. Using a benchmarking strategy, they showed that the effect size of this form of therapy is equivalent to effect sizes reported in clinical trials of empirically supported treatments for major depression.

Boritz, Angus, Monette, Hollis-Walker, and Warwar (2011) highlight the importance of the relationship between emotion processes and specificity in autobiographical narratives for experiential treatments of depression. Previous research had shown that depressed clients have difficulties producing narratives of specific autobiographical episodes, instead producing over-general, nonspecific memories. Boritz, Angus, Monette, and Hollis-Walker (2008) showed how specificity of autobiographical memories developed over treatment with depressive clients. There was an increase in specificity across the treatment, but curiously this did not predict outcomes. Their contribution to this special section focuses on the relation between narrative processes (autobiographical specificity) and emotional process (clients' expressed emotional arousal) in predicting therapeutic outcomes in depression.

Gonçalves and collaborators (2011) used the Innovative Moments Coding System (Gonçalves, Ribeiro, Matos, Santos, & Mendes, 2010), which tracks novelties in therapeutic discourse, to study how the change potential of these novelties is aborted in poor outcome cases of battered women in narrative therapy. In the poor outcome group a process called mutual in-feeding (Valsiner, 2002)—a cyclical movement between novelty emergence and returning to the problematic self-narrative—occurs frequently during the therapy. The occurrence of this process was significantly higher in poor outcome cases than in good outcome ones. The authors hypothesize that mutual in-feeding reflects a form of ambivalence that could partially explain poor outcomes in other samples and models of therapy.

Osatuke and collaborators (2011) illustrate the use of the assimilation model (Stiles, 2002) in pharmacotherapy. They applied the Assimilation of Problematic Experiences Scale (Stiles et al., 1991) to a series of interviews with a patient with schizophrenia that was successfully treated with pharmacotherapy. The interviews, collected as this patient recovered

from the severe symptoms of schizophrenia, showed that his changing narrative followed the assimilation progression previously observed in psychotherapy, suggesting that a similar sequence of narrative development occurs in pharmacotherapy and that it can be observed in severely disturbed patients.

Ribeiro and collaborators (2011), also using the Innovative Moments Coding System (Gonçalves et al., 2010) with a good outcome case, demonstrated how the innovative moments were organized around different themes. These themes, or *proto-narratives*, progressed in a way that facilitated the change of the problematic self-narrative. Space-state grids (Lewis, Lamey, & Douglas, 1999), a method borrowed from the dynamic system approach to developmental psychology, were used to demonstrate the evolution of the proto-narratives across treatment and to show how they were associated with different types of innovative moments.

Finally, Levitt and Piazza-Bonin (2011) focused on client's and therapists' experiences underlying the development of clients' narratives in therapy. They identified significant moments in psychotherapy in four therapeutic dyads, using the Interpersonal Process Recall method (Elliot, 1986) to assess whether clients and therapists agreed about the moments identified and about the motives that led them to choose those moments. Their observations suggest that clients and therapists may have different ways of understanding the narratives that are developed. There was some convergence between therapists and clients in the identification of the significant moments but considerably less in their reasons why these moments were important. Moreover, in most instances, the moments were not shared explicitly, which could be non-problematic when good moments are involved but more problematic when the significant events are negative (e.g., when clients are dissatisfied with the therapist).

The studies reported in this special section involved varied methods—quantitative and qualitative—and varied conceptual perspectives. They illustrate how the narrative conception of psychotherapy has been fruitful up to now, and they point toward areas of research that lie ahead. As Angus and McLeod (2004) proposed, human narration is central in the practice of psychotherapy, and a narrative conception can be a point of convergence for scholars and therapists from diverse theoretical backgrounds.

References

- Angus, L.E., & McLeod, J. (Eds.). (2004). *The handbook of narrative psychotherapy: Practice, theory and research*. London: Sage.
- Angus, L., Levitt, H., & Hardtke, K. (1999). The narrative processes coding system: Research applications and implications

- for psychotherapy practice. *Journal of Clinical Psychology*, 55, 1255–1270.
- Baerger, D.R., & McAdams, D. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry*, 9, 69–96.
- Boritz, T.Z., Angus, L.E., Monette, G., & Hollis-Walker, L. (2008). An empirical analysis of autobiographical memory specificity subtypes in brief emotion-focused and client-centered treatments of depression. *Psychotherapy Research*, 18, 584–593.
- Boritz, T.Z., Angus, L.E., Monette, G., Hollis-Walker, L., & Warwar, S. (2011). Narrative and emotion integration in psychotherapy: Investigating the relationship between autobiographical memory specificity and expressed emotional arousal in brief emotion-focused and client-centred treatments of depression. *Psychotherapy Research*, XX.
- Dimaggio, G. (Ed.). (2006). Special issue on Narrative Coherence. *Journal of Constructivist Psychology*, 19, 103–217.
- Dimaggio, G., & Semerari, A., with Carcione, A., Nicolò, G., & Procacci, M. (2006). *Psychotherapy of personality disorders: Metacognition, states of mind, and interpersonal cycles*. London: Routledge.
- Elliott, R. (1986). Interpersonal Process Recall (IPR) as a process research method. In L. Greenberg & W. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 503–528). New York: Guilford Press.
- Gonçalves, M.M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of “innovative moments” in the construction of change. *Journal of Constructivist Psychology*, 22, 1–23.
- Gonçalves, M.M., Ribeiro, A.P., Conde, T., Stiles, W.B., Matos, M., Santos, A., & Martins, C. (2011). How attenuating innovative moments in psychotherapy contributes to therapeutic failure: The role of mutual in-feeding. *Psychotherapy Research*, XX.
- Gonçalves, M. M., Ribeiro, A., Matos, M., Santos, A., & Mendes, I. (2010). The Innovative Moments Coding System: A new coding procedure for tracking changes in psychotherapy. In S. Salvatore, J. Valsiner, S. Strout & A. Gennaro (Eds.), *YIS: yearbook of idiographic science – Vol. 2*. Rome: Firera Publishing Group.
- Hermans, H.J.M., & Hermans-Jansen, E. (2004). The dialogical construction of coalitions in a personal position repertoire. In H.J.M. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 124–137). New York: Brunner-Routledge.
- Levitt, H.M. & Piazza-Bonin, E. (2011). An exploration of experiences and intentions underlying psychotherapy and the process of narration. *Psychotherapy Research*, XX.
- Lewis, M.D., Lamey, A.V., & Douglas, L. (1999). A new dynamic systems method for the analysis of early socioemotional development. *Developmental Science*, 2, 458–476.
- Lieblich, A., McAdams, D., & Josselson, R. (Eds.). (2004). *Healing plots: The narrative basis of psychotherapy*. Washington DC: APA.
- Luborsky, L. & Crits-Christoph, P. (Eds.). (1990). *Understanding transference: The CCRT Method*. New York: Basic Books
- Machado, P.P.P. & Gonçalves, O.F. (Eds.). (1999). Special section on narrative in psychotherapy: The emerging metaphor. *Journal of Clinical Psychology*, 55, 1175–1270.
- Osatuke, K., Glick, M.J., Gray, M.A., Reynolds, D.J., Jr., Humphreys, C.L., Salvi, L. M., & Stiles, W.B. (2004). Assimilation and narrative: Stories as meaning bridges. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 193–210). Thousand Oaks, CA: Sage.
- Osatuke, K., Reid, M., Stiles, W.B., Kasckow, J., Zissok, S., & Mohamed, S. (2011). Narrative evolution and assimilation of problematic experiences in a case of pharmacotherapy for schizophrenia. *Psychotherapy Research*, XX.
- Pennebaker, J. (1993). Putting stress into words: Health, linguistic, and therapeutic implication. *Behaviour. Research & Therapy*, 31, 539–548.
- Polkinghorne, D.E. (2004). Narrative therapy and postmodernism. In L.E. Angus & J. McLeod (Eds.), *The handbook of narrative psychotherapy: Practice, theory and research* (pp. 53–68). London: Sage.
- Ribeiro, A.P., Bento, T., Salgado, J., Stiles, W.B., & Gonçalves, M.M. (2011). A dynamic look at narrative change in psychotherapy: A case-study using the State-Space Grids. *Psychotherapy Research*, XX.
- Semerari, A., Carcione, A., Dimaggio, G., Falcone, M., Nicolo, G., Procaci, M., & Alleva, G. (2003). How to evaluate metacognitive function in psychotherapy? The Metacognition assessment scale its applications. *Clinical Psychology and Psychotherapy*, 10, 238–261.
- Stiles, W.B. (2002). Assimilation of problematic experiences. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 357–365). New York: Oxford University Press.
- Stiles, W.B., Honos-Webb, L., & Lani, J.A. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology*, 55, 1213–1226.
- Stiles, W.B., Morrison, L.A., Haw, S.K., Harper, H., Shapiro, D.A., & Firth-Cozens, J. (1991). Longitudinal study of assimilation in exploratory psychotherapy. *Psychotherapy*, 28, 195–206.
- Valsiner, J. (2002). Forms of dialogical relations and semiotic autoregulation within the self. *Theory and Psychology*, 12, 251–265.
- Vromans, L. & Schweitzer, R. (2011). Narrative therapy for adults with major depressive disorder: Improved symptom and interpersonal outcomes. *Psychotherapy Research*, XX.
- White, M. (2007). *Maps of narrative practice*. New York: Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Wilczek, A., Weinryb, R.M., Barber, J.P., Gustavsson, P.J., & Åsberg, M. (2000). The core conflictual relationship theme (CCRT) and psychopathology in patients selected for dynamic psychotherapy. *Psychotherapy Research*, 10, 100–113.
- Wilczek, A., Weinryb, R.M., Barber, J.P., Gustavsson, P.J., & Åsberg, M. (2004). Change in the core conflictual relationship theme after long-term dynamic psychotherapy. *Psychotherapy Research*, 14, 107–125.